DECLARATION FOR UTILITY OR

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Attorney Docket Number

DESIGN	First Named In	ventor	YuHHsuLLin							
PATENT APPLICATION	Co	COMPLETE IF KNOWN								
(37 CFR 1.63)	Application Nur	mber	/							
	Filing Date									
☑ Declaration ☐ Declaration Submitted OR Submitted after Initi	al Group Art Unit									
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name	е								
As a below named inventor, I hereby declare that:		•••								
My residence, post office address, and citizenship are a	as stated below next to my	name.	•							
I believe I am the original, first and sole inventor (if only names are listed below) of the subject matter which is o	one name is listed below)) or an original, :	first and joint inventor (if plural							
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ARRANGEMENTS OF DIFFERENTIAL PAIRS IN MULTI-LAYER PRINTED CIRCUIT BOARD FOR ELIMINATING CROSSTALK										
is attached hereto	of the Invention)									
OR was filed on (MM/DD/YYYY)	as Unite	d States Applica	ation Number or PCT International							
Application Number and wa	s amended on (MM/DD/Y)	YYY)	(if applicable).							
I hereby state that I have reviewed and understand the c amended by any amendment specifically referred to about I acknowledge the duty to disclose information which is n	ve. 🥞 🦫		•							
I hereby claim foreign priority benefits under 35 U.S.C. certificate, or 365(a) of any PCT international application America, listed below and have also identified below, by clor of any PCT international application having a filing date	necking the box, any forei	on application to	or patent or inventors centicate.							
Prior Foreign Application Number(s) Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO							
92131469 Taiwan	Nov/11/2003	0000	0000							
Additional foreign application numbers are listed on a s	supplemental priority data	sheet PTO/SB/0	02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any	United States provisional	apolication(s) lis	sted below.							
Application Number(s) Filing Date	(MM/DD/YYYY)	numbe supple	onal provisional application ers are listed on a emental priority data sheet SB/02B attached hereto.							
	[Page 1 of 2]	· · · · · · ·								

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/S8/01 (12-07)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentiability as defined in 37 CFR 1.56 which became available between the filing date of the prior application. U.S. Parent Application or PCT Parent Parent Filing Date Parent Patent Number Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten As a nameu inventor, i hereby appearance in an Trademark Office connected therewith:

Customer Number 25859 Place Customer Registered practitioner(s) name/registration number listed below I abel here Registration Registration Name Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number 25859 OR Correspondence address below or Bar Code Label Name Address Address City State ZIP Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle (if anyl) Eamily Name or Surname Yu Hsu Lin Inventor's 02/02/04 Signature San Jose U.S.A. Residence: City U.S.A. Country 1650 Memorex Drive Post Office Address Post Office Address Santa Clarastate 95050 Country U.S.A. \Box Additional inventors are being named on the $oldsymbol{1}$ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1

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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])					Family Name or Surname					
Shang Tsang					Yeh					
Inventor's Signature	Shang Tso			Dat	to.	02/02/0				
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Post Office Address										
City	Santa Clara	Sta	to C	:A	ZIP	95050	Country	, ט	.s.	Α.
Name of Additio	Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given Na	rme (first and middle [if ar	y))				Family Na	me or S	umame		
										,
Inventor's Signature					Date					
Residence: City		Stat	е		Country			Citizenship		
Post Office Address	1650 Memore	x Dri	ive							
Post Office Address	·									
City	Santa Clara	Sta	. C	:A_	ZIP	95050	Count	y l	U.S.A.	
Name of Addition	nal Joint Inventor, if a	ny:			A petition	n has been file	d for this	unsign	ned inv	entor
Given Na	me (first and middle (if am	y])				Family Nan	ne or Su	ımame		
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Inventor's Signature			Oate			te				
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